STATE OF HOMELESSNESS IN THE CITY OF BOSTON WINTER 1991-92

ANNUAL HOMELESS CENSUS REPORT DECEMBER 16, 1991



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EXECUTIVE SUMMARY

- 1.) There is a significant increase in the numbers of women and children in Department of Public Welfare hotels/motels this year as compared to last year's census. This year, there were eight men, 60 women, and 130 children. In last year's census count, there were only 20 women and 40 children reported in D.P.W. hotels/motels.
- 2.) Again, this year the number of beds reported in mental health facilities decreased, from 316 in 1990, to 278 in this year's count.
- 3.) The number of Detox beds continues to drop, from 299 in 1990 to 237 this year.
- 4.) The number of single adult men in shelters increased from 2424 in 1990 to 2594 in 1991.

THE STATE OF HOMELESSNESS IN BOSTON

For the past six years, Boston has overcome many obstacles to fulfill it's commitment of a warm bed, a hot meal, quality health care and transportation to shelter for every homeless person in need. However, the current fiscal situation hits the most needy so hard that this challenge has become most formidable. It has become especially difficult this past year because of massive State cuts to affordable housing programs and to vital services to the most needy. Compounding the problem is the deep recession we are now in. Current economic conditions are expanding the numbers of people in need, while resources to help these people are dwindling.

Following years of budget cuts, the Department of Mental Health has sustained over \$50 million in funding cuts this past year alone, at a time when shelter providers are concerned with the increasing number of homeless people with severe mental problems. Almost 10,000 people have been cut-off from the General Relief Program. For most, this means the loss of rent money, and possibly, homelessness. Furthermore, these cuts are depriving people of a meager income that had previously barely enabled them to survive. The Chapter 707 Rental Subsidy Program has been eliminated, resulting in hundreds of homeless families remaining in shelters for much longer periods of time. And the Emergency Assistance Program will soon run out of funds, eliminating funding for shelters and the homeless prevention program, which helped families with back rent, fuel assistance, and utility payments. Transportation to shelter for families, food assistance and first month's rent assistance has already been cut from this program.

"As I have often said, hunger and homelessness are not just local problems, or State problems, or even Federal problems. They are American problems, and everyone needs to contribute. Unfortunately, too many are turning away from the issues of basic human needs"

Raymond L. Flynn Mayor, City of Boston

THIS YEAR'S CENSUS

HISTORY

The first census of Boston's homeless population was conducted in 1983 by six volunteers working over a period of two weeks. The study was the City's first attempt to identify the size of the street problem associated with homelessness. This beginning work on counting the homeless inspired later projects which provided a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include over one hundred volunteers working with the coordinated efforts of government agencies and dozens of non-profit service organizations.

Mayor Flynn has directed appropriate City agencies and sought help from outside service providers to conduct the census for the last six years. He has stated that the importance of the study should not be diminished by time, and, as a result, the City will continue to conduct it annually.

PURPOSE

It is the experience of many expert observers that government agencies are rarely prepared to address important service delivery matters when they are not aware of the scope of the problems they are confronting. The homeless problem is one such issue. Prior to conducting our first study, some estimates varied by as much as ten thousand people. With these "guesses" the City could not adequately prepare for the necessary shelter space, medical attention, food and transportation resources for the homeless population within its borders.

Since the census' inception, Mayor Flynn has made a commitment that no individual in the City of Boston will go without a bed in a warm place, transportation to shelter, food and quality medical care simply because they are poor. The annual homeless census informs the Mayor as to what resources he will need to acquire in order to meet that commitment. The City of Boston also uses census results to help in all of its applications for funding, and to assist in understanding what the needs are for different types of housing.

METHODOLOGY

THE SHELTER POPULATION

Approximately one month prior to the actual census taking, Boston's Emergency Shelter Commission mailed an advisory to all of the city's public and private shelter providers to inform them of the study. These letters were succeeded by follow-up telephone calls. They are told which day the census will be taken (a day expected to be cold enough for those homeless to seek refuge in a shelter,) how the survey will be conducted, and a request for volunteers. They are asked to tabulate the population of the shelter on the night of the count. The City's Emergency Shelter Commission telephones each shelter on the day following the count to calculate the total from the previous night/ morning.

THE STREET POPULATION

The City is divided into thirty-eight separate entities for the purpose of the census. The areas are created as such so that they are small enough to be thoroughly covered by foot. To ensure that the volunteers have a list of possible "homeless places to stay" in each area, a questionaire is distributed in advance to a variety of resources including, but not limited to, neighborhood representatives, individuals who work with the homeless, etc.. These people provide the City with crucial information which identify specific areas where homeless people have been known to frequent. These designations can be as large as the end of a subway station or as small as under a box in an alley. The City makes sure that all of these identifiable areas are closely monitored during the evening.

The only exception to the strategy identified above is that some of the teams travel by car. These are areas of the City where there have historically been few homeless individuals identified or where walking is virtually impossible (like large residential neighborhoods like West Roxbury). In such cases, volunteers get out of their vehicle and conduct the census by foot in business communities which have a higher likelihood of homeless individuals.

All teams receive Walkie-Talkies to facilitate communication during the evening. This is required to guarantee the volunteers safety and to call in for shelter pick-ups for homeless individuals unaware of transportation pick-up locations throughout the City.

THE VOLUNTEERS

Volunteers are recruited from the various shelters throughout the City and City employees who work with the homeless routinely. This is an important element of the process because people who work with this population can help us avoid stereotyping which is often associated with homelessness. Volunteers usually work about two hours in the early morning. We conduct the study at this time in order to ensure that businesses or other places of temporary refuge (like the MBTA) are closed. Also, the study is conducted early in the week, as there seems to be less foot traffic at this time.

Volunteers are always asked to wear warm clothing, inasmuch as the time of the census is selected based on the belief that it will be cold enough to identify the population that is exposed to the elements and readily in need of temporary shelter. This year the temperature dropped well below freezing.

Volunteers are asked to denote people by the following identifiable factors:

- 1. Is the individual definitely or possibly homeless?

 People who have a place to go often appear
 to. If it is unclear in specific situations, volunteers are asked to record these individuals as "possible." The city includes people listed as "possible" in the count presented in this document.
- 2. Is the individual a man, women or child?

 Since gender and age difference often require different services, this observation is important.
- 3. Is the individual in need of medical attention?

 Boston City Hospital provides service to indigent patients as a matter of course.
- 4. Does the individual need transportation to shelter?

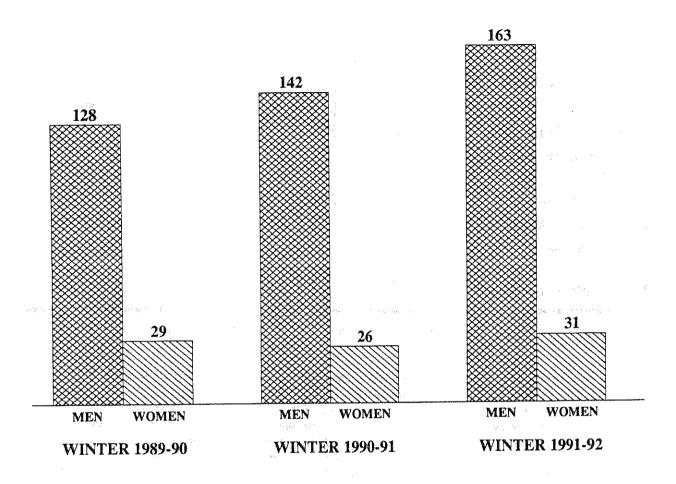
 While vans comb the city at night, some individuals may be unable to find a ride or may be unaware of these services.

Volunteers are requested not to ask individuals anything other than the questions raised above. It is not the City's intent to violate anyones right to privacy. Our expressed purpose is simply to determine the size of the homeless population in Boston. As a result, this study is conducted with complete anonymity.

THE POPULATION OF THE STREET

7	HE POPULATION O		Winter 1991-92
Street Count	Male Female (142 26	, , , ,	Female Children
TOTALS	168	194	

There were 194 individuals found on the streets of Boston on the night of December 16th 1991. This count is a significant increase from the 168 individuals counted in December of last year. The street population is a mobile one. And while all steps are taken to limit double counting, there may be some inherent error factor associated with counting this particular population. On the other hand, it would be impossible to count every individual living on the streets. Many may be found in abandoned buildings, parked cars, or other areas which would be unsafe for volunteers to search. Therefore, any potential implied or real error associated with the street count is understood to be invariably small.



We were pleased that, again, no children were identified in the street count. But 31, or 16 percent, of the street population were women.

The fluctuation of the homeless population from the streets to available shelters is closely associated with weather. The weather on the evening of this year's count was significantly colder than last year. This is an alarming revelation of this year's census, because it is hoped that there would be fewer people on the streets when the weather is dangerously cold. One of the important outcomes of the street count is that individuals who are found are offered transportation to shelter. Unfortunately, despite the offers and availability of shelter, many individuals, some due to mental illness, choose to remain on the streets.

ADULT SHELTERS

	0.000.000.000.000.000.000.000	ULT SHELTER - 1990-91	Winter 1	991-92
	Male	Female	Male	Female
Pine Street Inn	622	102	654	109
Long Island	279	33	311	30
Woods-Mullen (L.I.)1	105	51	128	62
St. Francis House (L.I.)2	106		102	
Rosie's Place		17		20
Shattuck Shelter	157	24	157	17
Boston Night Center	57	9	63	11
Sancta Maria		6		9
Positive LifeStyles3	80		124	
N.E. Shelter for Vets ₄	106		153	
TOTALS:	1,512	242	1,692	258

1 Woods Mullen Shelter at Boston City Hospital is operated by Boston's Long Island Shelter.

St. Francis House, also operated by Boston's Long Island Shelter, opened in December 1990 to replace overflow shelter beds lost as a result of the closing of the Newton Armory.

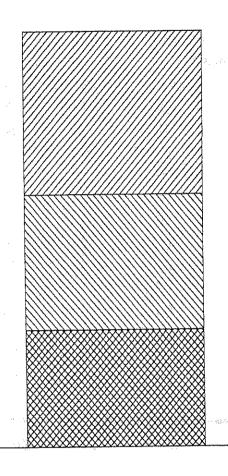
Positive Lifestyles, as a result of the closing of the Newton Armory to make room for Operation Desert Shield, moved operations to the Cambridge Armory and other smaller sites. These figures represent only programs in Boston, including the Pilgrim Church and the BostonYMCA.

The New England Shelter for Homeless Veterans is now operated by the Vietnam Veterans

Workshop as a night-time shelter for veterans only.

3

DISTRIBUTION OF SHELTER BEDS IN THE CITY OF BOSTON



PINE STREET INN 39%

LONG ISLAND SHELTER PROGRAMS 32.5%

OTHER PROGRAMS 28.5%

The Pine Street Inn's 763 guests account for 39 percent of those counted in adult shelters in the City. This year, as part of the Overflow Shelter Plan, Positive LifeStyles is operating shelters at the Pilgrim Church in Dorchester and at the Boston YMCA, as well as other smaller shelters in the Greater Boston area. In addition, Boston's Long Island Shelter is operating programs at the Woods Mullen Shelter at Boston City Hospital, and the night-time program at St. Francis House. Long Island's shelter programs account for 633, 32.5 percent, of guests staying in adult shelters in Boston.

FAMILY SHELTERS

	FAMILY SHELTERS Winter 1990-91			Winter 1991-92		
	Male		Children	Male	Female C	
Boston Family Shelter	1	6		1	8	14
Bostonian Chambers		22	32		24	32
Crossroads	9	14	37	3	9	15
Temporary Home		13	20		13	15
Project Hope		8	11		7	11
Roxbury Corps		3	8		4	6
Sojourner House	1	4	10	2	4	11
Families-In-Transition		22	42	4	22	40
St. Andrews Shelter		4	7		4	6
St. Ambrose Shelter		8	. 16		10	22
LifeHouse		9	18		10	14
St. Mary's Home		15			21	4
Crittenton-Hastings House)	12	. 10		12	4
Family House Shelter		14	23		14	23
TOTALS:	11	154	249	10	162	217

¹ At the time of last year's census count, Crossroads Family Shelter was above capacity due to an influx of fire victims.

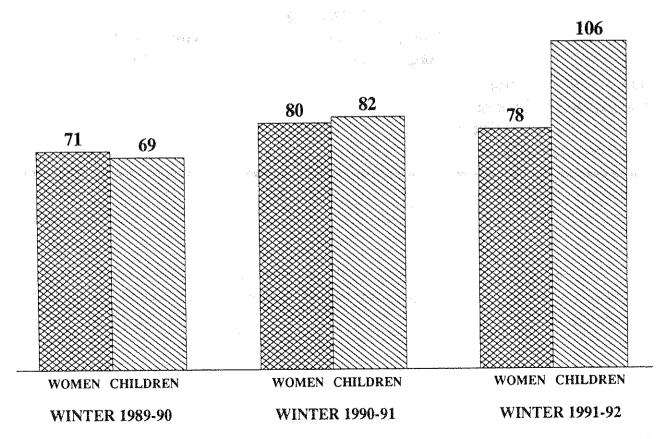
We would not expect the numbers of people in family shelters to change significantly, as these facilities are consistently filled to capacity year-round. An increase in the number of homeless families with children can be seen, however, in the number of people reported in Dept. of Public Welfare hotels/motels.

WOMEN IN CRISIS

WOM	IEN IN CRISIS P Winter 19		Winter 1	991-92
	Female Ch		Female C	hildren
Casa Myrna Housei	32	31	31	55
FINEX	5	9	7	3
Harbor Me	5	7	4	5
Renewal House	5	5	5	6
Elizabeth Stone House	25	19	18	19
Dove, Inc.	3	4	6	9
Transition House	5	7	7	9
TOTALS:	80	82	<i>7</i> 8	106

¹ Casa Myrna House numbers include all four programs.

Shelters for battered women continue to operate at capacity year-round. In this year's count, the number of children in these shelters was especially high.



ADOLESCENT PROGRAMS

	ADOLESCENT PROGRAMS Winter 1990-91				Winter 1991-92		
	Male	Female Cl	illdren	Male	Female Children		
Bridge Extension:	9	9		3	9		
Bridge-Elliot Complex2		8	10	3	11 11		
Boston Adolescent	6	5		4	5		
TOTALS:	15	22	10	10	25]]		

1 Bridge Extension is a transitional program for young people to age 24.

HOSPITALS

Winter 1990-91	Winter 1991-92
Male Female	Male Female
Boston City Hospital 5	6
Massachusetts General	3
New Eng. Medical Center	0
University Hospital	1
TOTALS: 5	10

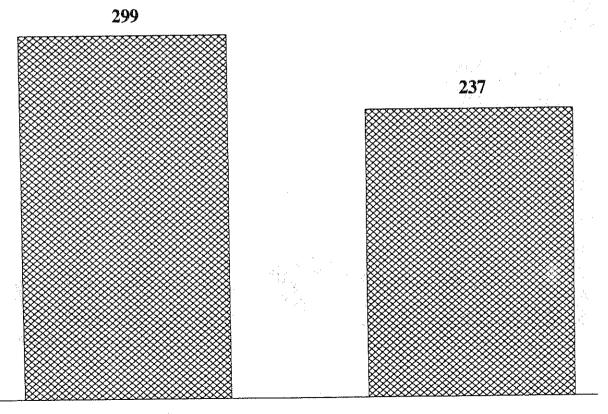
This count identifies the size of the homeless population seeking medical treatment on the evening of the count, as well as homeless people seeking shelter in hospital lobbies.

² Bridge-Elliot Complex is also a transitional program, for young parents to age 24 with children. Both Bridge Extension and Bridge-Elliot Complex are programs operated by Bridge Over Troubled Waters.

DETOX

		DETOX		
	Winter	1990-91	Winter 1	991-92
	Male	Female	Male J	Female
Boston Alcohol	70		57	
River Street	15	5	12	3
Andrew House	17	4	13	4
Dimock Detox	44	16	15	9
STAIR	25	11	25	7
Bridgewater	20		16	
Tewksbury	72		76	
TOTALS:	263	36	214	23

DECREASE IN DETOX BEDS

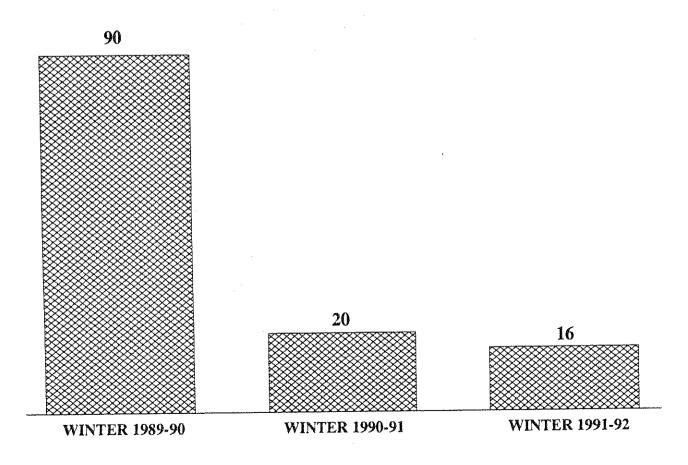


WINTER 1990-91

WINTER 1991-92

There is a great deal of concern among the adult shelters about the reduction of detox beds, particularly at Bridgewater State Hospital. This reduction has made it nearly impossible for homeless programs to secure placements in detox programs for their guests.

REDUCTION IN DETOX BEDS AT BRIDGEWATER STATE HOSPITAL



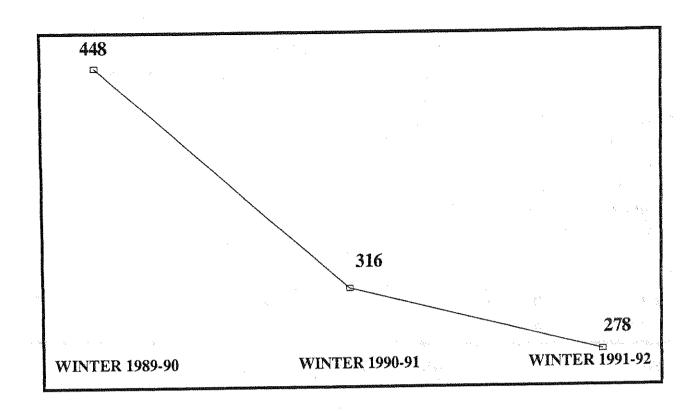
MENTAL HEALTH FACILITIES

	Winter	1990-91	Winter	1991-92
	Male	Female	Male	Female
Mass. Mental Health/i				
Fenwood Inn	24	17	18	21
In-Patient Unit	31	9	27	14
Lindemann Center	9	8	23	8
Solomon Carter Fuller/2				
Boston Campus	44	21	30	12
Bay Cove M.H.	20	18	11	6
Bay View Inn	33	9	33	8
Parker Street Central	29	19	25	18
Parker Street West	14	11	14	10
TOTALS:	204	112	181	97

¹ Mass. Mental Health In-Patient Unit was formerly identified as West Rochester.

We have seen a consistent decrease in the number of guests in mental health facilities over the past two years. This continues to show the drastic reduction in the number of available beds for homeless people with serious mental health problems.

² Solomon Carter Fuller reported fewer people in its facility, partly due to the closing of the Dorchester facility.



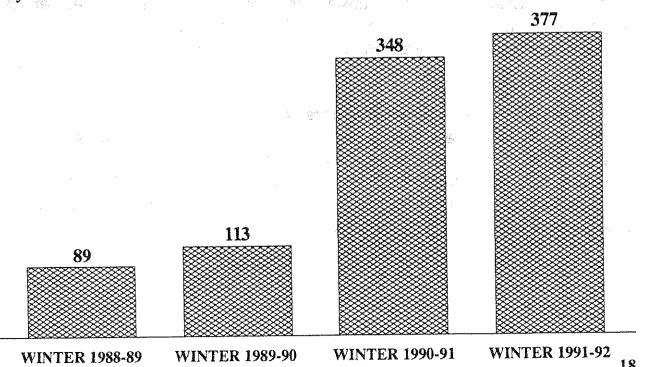
As stated in most studies of homelessness, one of the chief reasons for the problem is deinstitutionalization. While many who are homeless go untreated and live outside the institutions, last year 316 were identified as being treated in mental health facilities at the time of the count. This number was a sharp decrease from 448 counted in 1989. This year only 278 people were reported in mental health facilities. This is a 38% decrease in available beds for homeless mentally ill people in Boston. Many of the adult shelters discussed previously have become de facto mental health facilities because of the lack of programs and housing for homeless people with mental illness.

TRANSITIONAL SHELTERS

	TRANSITIONAL SHELTER: Winter 1990-91			Winter 1991-92		
	Male	Female Ch	ildren	Male	Female C	'hildrer
Horizons House		6	13		6	10
Family House	17	16		15	14	
Shattuck Transitional	5	7				
Kingston House	10	3		13		
Women, Inc.		19	7		18	5
Operation Food:		7	7			
One Wise Street	6			8		
Brookview House		3	7		8	14
Harbor Lights	35	21		23	23	
Mass. Halfway Houses	159			205		
Elders Living At Home				12	3	
TOTALS:	232	82	34	276	72	29

¹ Operation Food is now closed.

These and other transitional programs are helping many homeless people move from shelters and into permanent housing. The number of transitional shelter beds in the City of Boston has increased dramatically in the past four years.



OTHER

	OTHER Winter 1990-91			Winter 1991-92		
Pilgrim Theater	Male 40		Children	Male 30	Female Children	
DPW Hotel/Motel	70	20	40	8	60 130	
TOTALS:	40	20	40	38	60 130	

Major changes in State policy concerning shelter eligibility had a drastic impact on the number of homeless families who sought shelter last year.

Changes in the Emergency Assistance regulations administered by the Massachusetts Department of Public Welfare have limited the eligibility of families for emergency shelter services. When a family requests shelter services, they are required to have an assessment of their current living situation by the Massachusetts Dept. of Social Services (D.S.S.), which is the State's child welfare/protection agency. Because of fears of the D.S.S. assessment, many families choose not to pursue shelter, and as a result remain in overcrowded and unstable living situations.

In FY 91, the Executive Office of Communities and Development eliminated funding in it's Chapter 707 Rent Subsidy Program. According to past regulations, a family had to be in a shelter to obtain a 707 certificate. Because certificates are no longer being issued, families are forced to double and triple up in order to afford housing.

This year, we see a **dramatic increase** in the number of homeless families in Dept. of Public Welfare hotels/motels. One of the reasons is that families are staying in shelter for much longer periods of time because of the lack of rental subsidies. This helps to create a delay in moving families from hotels/motels and into family shelters. In addition, many of the families are newly homeless because of the loss of jobs due to the deep recession.

TOTALS

		TOTALS				
	V	Vinter 1990-	91	Winter 1991-92		
	Male	Female C	hildren	Male	Female (<u> Thildrer</u>
Street Count	142	26		163	31	
Adult Shelters	1,512	242		1,692	258	
Family Shelters	11	154	249	10	162	217
Detox	263	36		214	23	
Hospitals	5			10		
Adolescent Shelters	15	22	10	10	25	11
Women In Crisis		80	82		78	106
Mental Health Facilities	204	112		181	97	
Transitional Shelters	232	82	34	276	72	29
Other	40	20	40	38	60	130
TOTALS	2,424	774	415	2,594	806	493
GRAND TOTALS		3,613			3,893	

We would like to thank the following people for their help on this year's census:

Jim Markland Linda Morrow Ann Roper